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The Picture Dictionary of the Ovulation Method and Other Assorted Teaching Aids

Thomas Hilgers, M.D., Ann Prebil, R.N.,
K. Diane Daly, R.N., and Susan Hilgers, B.A.

*Creighton University Natural Family Planning Education and Research Center,
601 N. 30th St., Omaha, Neb. 68131, 47 pp., \$15.*

This book depicts a system of standardized terminology used when teaching the ovulation method. Women will be able to relate their observations of mucus to what is seen in the pictures. Their charts may be similar to the charts in the picture dictionary or they may differ.

The pictures can also be used as adjunct to teaching pro-life subjects in grade school, high school, or in the home.

The book is available only as a companion volume to Book 1, *The Ovulation Method of Natural Family Planning*.

— John J. Brennan, M.D.

Infanticide and the Handicapped Newborn

Dennis Horan and Melinda Delahoyde, Editors

Brigham Young University Press, Provo, Utah 84602, 1982, 127 pp., \$7.95, paper.

For the past 12 years, Americans United for Life has been a vital pro-life organization with a twofold thrust. Its legal defense fund has become, to a great extent, the legal arm of the pro-life movement, with its attorneys participating in several prominent abortion cases before the Supreme Court, including the successful defense of the Hyde Amendment funding restrictions. Its educational publications have proven to be invaluable resource tools for those who are on the front lines of the movement and who need reliable statistics and sound research to back their arguments.

This book is AUL's latest contribution. It consists of papers given at the International Conference on Infanticide and the Handicapped Newborn, an AUL-sponsored symposium held in Chicago in 1980. It is worthwhile reading for anyone who would seek to understand the downward course upon which our

nation has found itself — in its culture and in its medical and legal institutions — since it first embarked on the "slippery slope" of legalized abortion.

Victor Rosenblum, professor of law at Northwestern University, and Michael Budde from Michigan Citizens for Life, note in their historical overview that while some of the traditional reasons for infanticide, such as ritual sacrifice and superstition, may have disappeared, others remain. Economic motives as well as prejudice against the handicapped still play a powerful role. The latter may come as a surprise to some, in view of the supposed increased sensitivity of contemporary society to the rights of the disabled. The authors point out, however, that

As long as the infanticide process moves discreetly, allowing public pretense to exist relatively unaffected, a kind of balance can be struck between fulfilling our obligations to the less fortunate and eliminating them when such is politically feasible and not overly threatening and embarrassing.

John A. Robertson, professor of law and of medical ethics at the University of Wisconsin, gives a helpful review of the legal status of the handicapped newborn, taking as his starting point the questions of criminal prosecution for nontreatment and court authorization to treat when parents refuse. His conclusion is a balanced one. He recognizes that "our concern for the well-being of handicapped newborns need not blind us to the situations in which respect for them requires that further medical treatment be stopped." At the same time, he demonstrates that there is no lack of legal grounds for preventing death itself from being chosen as a "treatment." The problem instead is the growing reluctance of society and the law to insist on the legal support and precedents that do exist for treating handicapped newborns fairly.

The increasing pressure on pro-life physicians to carry out prenatal screening for congenital defects and to promote the availability of abortion is examined next by Dennis Horan and Steven Valentine, the chairman and the executive director, respectively, of Americans United for Life. They propose as a remedy for this situation a model statute which would forbid not only "wrongful birth" suits, but also "wrongful conception" and "wrongful life" litigation. This type of statute has, in fact, been recently passed in at least two states, Minnesota and South Dakota.

Eugene Diamond from the Loyola University Stritch School of Medicine traces the road to infanticide in America, citing three factors that he believes have encouraged the practice. First, the development of amniocentesis programs funded by the March of Dimes and by federal agencies has created a search-and-destroy mentality that naturally leads to the possibility of abandoning defective infants who survive prenatal screening and are born alive. Second, there is the intrusion of cost-benefit analysis into medical decision-making. Third, the sanctity-of-life ethic has gradually been replaced by a quality-of-life ethic in medicine.

Dr. Diamond writes with the obvious conviction of a physician who for years has borne the pro-life burden in the heat of the day. His reflections are followed by two more technical chapters. One, by Dr. Craig Anderson, the director of the newborn intensive care unit at Loyola University Medical Center, details the progress made over the past 15 years in the care of very small premature infants. The other, by Doctors James Brown and David McLone, both neurosurgeons at Children's Memorial Hospital in Chicago, recounts advances in the treatment of spina bifida children.

The next two papers are given by physicians who can only be described as giants in the movement for life. The first is by Jerome Lejeune, who heads the department of genetics at the University of Paris and who is credited with discovering the genetic components of Down's Syndrome. His recent research holds out the future possibility of preventing many forms of retardation *in utero* by careful

regulation of monocarbon metabolism through monitoring of the mother's intake of folic acid.

Dr. Lejeune notes that "it is too early to say that the results obtained *in vitro* can be applied *in vivo*, that is, that they will lead to a systematic treatment. . . . The answer to that question cannot be determined until a very long clinical trial has been conducted." But Dr. Lejeune has never been one to take a shortsighted view of things. A few years ago, when testifying at a Congressional hearing on a human life amendment, he smilingly admonished pro-abortion Senator Birch Bayh to keep in mind that he, too, was once the size of Tom Thumb. At another pro-life conference, he mentioned to a group of Americans with a twinkle in his eye that the house he lives in in Paris is "older than your country." If a general cure for retardation seems a long way off, Dr. Lejeune's unique combination of genius and simplicity nonetheless allows him to end his paper serenely: "Then, we begin today."

In 1981, Dr. C. Everett Koop's nomination as U.S. Surgeon General was bitterly but unsuccessfully opposed by anti-life forces in Congress. Reading his chapter, one can understand why. He describes the incidence of infanticide in America, and issues a prophetic call to the medical community to rediscover its roots as an advocate for the helpless, in line with the Judeo-Christian ethic of love and compassion. In response to the kinder-to-kill ethic of some physicians who are confronted with handicapped newborn infants and their families, Dr. Koop speaks from his 35 years of experience in pediatric surgery:

I think I can say with some degree of certainty that no one in the United States or Canada has operated on more babies with congenital defects. I can also say, without exception, that I have never had a parent come to me in later years and say, "Why did you try so hard to save the life of my child?" Nor have I ever had a grown child come to me and say, "Why did you try so hard to save my life when I was born?" Some of the patients I operated on on the first day of life are now 36 years old.

More than that, as I have become increasingly interested in this subject over the years, I do not wait to see if parents will come to me but I go to them and say, "Just in the quiet of this room and between us, are you sorry I worked so hard to save your child's life?" No one has ever said "Yes." Many wish things could have been smoother, but none have preferred a dead child. I have a remarkable rapport with a number of the patients I operated on years ago and they uniformly joke with me about their handicaps. None wishes to be dead. None of these patients have committed suicide.

The final chapter by Arthur J. Dyck, professor of population ethics at Harvard School of Public Health and Harvard Divinity School, sheds light on some of the complex issues at stake in the ethics of terminating medical treatment. Euthanasia and infanticide proponents have capitalized on popular confusion on killing and letting die, and Dyck's paper is helpful in clarifying the distinction. It is also useful in its treatment of the controversies concerning the locus of medical decision-making and the meaning of personhood.

In the book of Genesis, we hear the Lord assure Abraham that if there were found only 10 just men in Sodom, it would not be destroyed. If a similar promise holds for our nation today, then perhaps this book offers hope that we will not suffer the fate of that city. Americans who "tremble for their country when they think that God is just," can take heart from the values and commitment of the 12 contributors of this volume.

— Rev. William A. Ryan
Coordinator for Pro-Life Activities
Archdiocese of Washington